



State of Delaware

## Spousal Coordination of Benefits Policy Form

### PLEASE PRINT ALL INFORMATION REQUESTED

Check Carrier: •Blue Cross •Coventry

|  |                                 |   |                            |
|--|---------------------------------|---|----------------------------|
| YOUR FULL NAME - Last, First, Middle Initial     |                                 | YOUR HOME PHONE - Include area code   |                            |
| YOUR SOCIAL SECURITY NUMBER                      |                                 | Are you and your spouse both benefit eligible State of Delaware employees or retirees? Yes No |                            |
| SPOUSE'S FULL NAME - Last, First, Middle Initial | SPOUSE'S SOCIAL SECURITY NUMBER | Male<br>Female  | SPOUSE'S BIRTH DATE<br>/ / |

### SPOUSE INFORMATION

|   |   |   |
|---|---|---|
| My spouse is: Not Employed Employed Full-time Employed Part-time Self-employed Retired  |   |   |
| NAME AND ADDRESS OF SPOUSE'S EMPLOYER (If spouse is a benefit eligible State of Delaware employee, simply write State of Delaware in this box and sign/date form) |   | SPOUSE'S EMPLOYER PHONE NUMBER<br>Include Area Code   |
| Does your spouse's employer offer medical insurance to employees?<br>Yes No   | Is your spouse enrolled in medical insurance through his or her employer?<br>Yes No | If not enrolled, what percentage of the premium of the lowest benefit employee only plan would your spouse be required to pay?* |
| What is the name of your spouse's medical insurance carrier?  | What is your spouse's plan policy number?<br>Effective Date:                        | Annual plan renewal date for your spouse's employer:<br>Month: Day:   |
| Does your spouse's medical plan cover prescription drugs?<br>• Yes • No   | Your additional comments:   |   |
| If you are completing this form due to your spouse's loss of coverage please indicate the termination date of that coverage. Date:                                |   |   |

### AUTHORIZATION

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers:

- This information will be shared with the State of Delaware's plan administrator(s).
- If spouses take advantage of their own employer's medical coverage, their plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee's family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
- If spouses do not take advantage of their own employer's medical coverage, the State will pay 20% of covered services provided by the employee's State of Delaware benefit plan.

The policy does not apply to:

- spouses not working full time, or
- spouses whose employer does not offer medical coverage, or
- spouses whose employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available, and
- eligible dependent children.

If any of this information changes, I must complete a new form within 30 days.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and contacting your spouse's employer. It is fraudulent to fill out this form with any information which is false or to omit important facts. Providing false information may result in disciplinary action.

Please return completed form to your organization's Human Resources or Benefits Representative.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Employee's Signature

Date: / /

A complete copy of the State of Delaware's Spousal Coordination of Benefits Policy can be found online at [www.delawarepersonnel.com/benefits](http://www.delawarepersonnel.com/benefits).